

Welcome!

Your 1st visit: Date \_\_\_\_\_

One per family

Adult's Names: \_\_\_\_\_

Relationship to child/ren: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

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Child's Name: \_\_\_\_\_

Birthday: \_\_\_\_\_ Grade/Age: \_\_\_\_\_

Allergies/Special Needs: \_\_\_\_\_  
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Today's Date \_\_\_\_\_

Please complete the applicable fields on your 2<sup>nd</sup> time with us.....

Child's Name: \_\_\_\_\_

School: \_\_\_\_\_

Sports: \_\_\_\_\_

Other Interests: \_\_\_\_\_

How can we pray for you? \_\_\_\_\_

\_\_\_\_\_

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